DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY)

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: CEPHAS HALFWAY HOUSE (310336)

Address: S48 W28180 SAYLESVILLE RD, WAUKESHA, WI 53188

License Status: REGULAR

Licensed/Certified/Registered 11/25/1980

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Verified

Corrected

Survey ID: 0093596 End Date: 10/12/2004 **Type: ABBREVIATED Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009040 Served 11/13/2004

Compliance **Deficiencies Cited** Subject Area

83.41(1)(a)2 BEDROOMS ENCLOSED BY WALLS AND DOORS

83.51(3)(a) **SMOKE SEPARATION**

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.